

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000527

Name and Mailing Address

0013723 01 AT 0.292 **AUTO T9 0 0615 34677-236900



SIGNATURE AMERICA, L.C.
100 LISA LANE
OLDSMAR FL 34677-2369



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/08/2001	
Principal Place of Business 100 LISA LANE OLDSMAR FL 34677	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3694402	Applied For Not Applicable
8. Name and Address of Current Registered Agent LOVELACE, WILLIAM K ESQ 401 S LINCOLN AVE CLEARWATER FL 33756		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500027585275 01/26/04--01031--020 **200.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>William K Lovelace</u> SIGNATURE REQUIRED Date <u>1/14/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HUNTER, GORDON	100 LISA LANE	OLDSMAR FL 34677
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager <u>[Signature]</u> SIGNATURE REQUIRED Date <u>Jan 15 2004</u> Daytime Phone # <u>800 737 2815</u> Typed or printed name of signing Managing Member/Manager <u>evl.224</u>			

CR2E034 (7/03)